



Call-n-Ride  
101 Monroe Street, 5<sup>th</sup> Floor  
Rockville, MD 20850

**Call-n-Ride PHYSICAL DISABILITY ATTACHMENT**

For applicants aged 18-66, this form **MUST** be completed by a **licensed physician** to qualify for Call-n-Ride under a physical disability. **All information has to be complete, detailed, and verifiable.** Call-n-Ride Applicant and the certifying Physician agree to provide more information, if and when required by the Montgomery County Call-n-Ride Program. **PLEASE PRINT:**

**THE FOLLOWING SECTION SHOULD BE COMPLETED BY A LICENSED PHYSICIAN**

1. I recommend certification of \_\_\_\_\_ for the Call-n-Ride program.  
(Applicant's Name)
2. What is the patient's diagnosis (Provide Details)? \_\_\_\_\_  
\_\_\_\_\_
3. Is the disability Permanent or Temporary? \_\_\_\_\_
4. If temporary how long do you anticipate it to last? \_\_\_\_\_

_____ Physician Name	_____ Professional License #
_____ Issuing state	_____ Expiration Date
_____ Street Address	_____ Telephone
_____ City	_____ Agency
_____ State	
_____ Zip Code	

I certify and affirm that the applicant identified above has a **PHYSICAL DISABILITY**. I also certify and affirm that all information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

_____ Physician Signature	_____ Date
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